Procedure:	*Self-Neglect and Hoarding Procedure*
Approved by:	Leadership Group
Date Approved:	1 September 2026
Frequency of review:	Annually

1. PURPOSE

This procedure outlines our approach to preventing and reducing the risk of harm to adults who are experiencing or are at risk due to self-neglect or hoarding..

This procedure has been developed to ensure both Broadland staff and customers are able to identify safeguarding concerns in their role or community.

This procedure has been developed to ensure Broadland complies with current legislation, regulatory expectations, and good practice.

Please refer to the Policy for Scope, Responsibilities, Data Protection, Legislative, and Regulatory Requirements, etc.

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2. KEY STAFF RESPONSIBILITIES

Senior management
The Management Team are responsible for ensuring that policies and procedures are followed by all concerned.

Staff
Employees are responsible for ensuring they are fully aware and adhere to the terms set out in the policy and procedure and the Safeguarding checklist.

- All employees have a duty to act upon and report actual, suspected or allegations of abuse or neglect that they come across in their role.

- Neighbourhood Managers, Neighbourhood Officers, Sheltered Scheme Managers, Tenancy Support Co-ordinators, and Local Delivery Managers

have additional responsibilities in working with other agencies as part of their role.

- The Tenancy Support and Safeguarding Manager is responsible for monitoring all cases and feeding back to the Tenancy Support Team and Local Delivery teams about case management, learnings, or best practice.

- We recognise that staff who spend more time in our homes such as repair staff, contractors, and cleaners have a significant role in seeing, hearing, and reporting concerns.

Designated Officers
Have additional responsibilities including raising awareness of Safeguarding, carrying out internal training, and representing Broadland as part of the Norfolk Safeguarding Adults Board and Norfolk Safeguarding Children Partnership.

The Designated Safeguarding Managers are Stephani Davis, Assistant Housing Director (Core Operations) and Claire Walker, Tenancy Support and Safeguarding Manager.
The Designated Safeguarding Lead is Sophie Le Gallez, Tenancy Support Team Leader

3. DEFINITIONS

Broadland – all entities of Broadland Housing Association (unless otherwise stated)
H&S – Health & Safety
EIA – Equality Impact Assessment
DPIA – Data Privacy Impact Assessment
NSAB – Norfolk Safeguarding Adults Board

SELF-NEGLECT (as per NSAB Self-Neglect and Hoarding Strategy May 2025)
While there is no one accepted operational definition of self-neglect nationally or internationally due to the dynamic and complex nature of the issue, for safeguarding adults we refer to the Care Act guidance, that self-neglect covers a wide range of behaviour neglecting to care for personal hygiene, health or surroundings and can include hoarding.

This can include:
• persistent inattention to personal hygiene and/or environment
• repeated refusal of some/all indicated services which can reasonably expected to improve quality of life
• self-endangerment through the manifestation of unsafe behaviours

Self-neglect in itself may not meet the threshold for a safeguarding enquiry under the Care Act 2014 (section 42, see below). Assessment must be made on a case-by-case basis and will depend on the adult's ability to protect themselves by controlling their own behaviour. Many people are able to be supported through collaborative multi-agency approaches and preventative measures. But there may

come a point where they cannot do this without external support, or risks may become extreme, requiring enquiry and intervention under section 42.

The criteria for a safeguarding enquiry is set out in section 42 of the Care Act – so safeguarding adult duties apply where an adult living in the local area:
• has needs for care and support (or appears to have those needs) (in simple terms, the adult's needs arise from, or are related to, a physical or mental impairment or illness; as a result of the adult's needs, the adult is unable to achieve two or more of the specified outcomes, with a significant impact on their well-being)
• is experiencing, or at risk of, abuse or neglect
• and is unable to protect themselves from that abuse or neglect because of their care and support needs.

Self-neglect can be seen as a continuum of indicators which may indicate an issue, sometimes in combination. The following list is not exhaustive and should be considered alongside other information in this document and the Practitioner Guidance:
• where the person has a history of mental illness which may manifest in behaviours of self-neglect and/or hoarding
• living in very unclean, sometimes verminous circumstances (e.g. living with a toilet completely blocked with faeces)
• neglecting household maintenance leading to hazards in and around the property
• obsessive hoarding creating hazards in the property for themselves and others
• poor diet and nutrition (may be evidenced by little or no fresh food in the fridge, or mouldy food)
• persistently declining or refusing prescribed medication and/or other community health support
• continued refusal to allow access to health / social care staff in relation to health needs, personal hygiene, or other care (may include non-attendance and/or registration with a GP)
• refusing to allow access to other organisations with an interest in the property (e.g. utility company staff, tenancy or property maintenance staff, environmental health officers, fire safety checks)
• repeated episodes of anti-social behaviour – either as a victim or a perpetrator
• unwilling to attend external appointments with professional staff (e.g. health, housing)
• a significant lack of personal hygiene leading to poor healing/sores/pressure ulcers; long toenails increasing risk of falls, unkempt hair / facial hair, strong body odour

HOARDING – (as per NSAB Self-Neglect and Hoarding Strategy May 2025)
Hoarding is now considered a standalone mental disorder (i.e. separate to obsessive compulsive disorder or OCD) and is included in the 5th edition of the Diagnostic and Statistical Manual of mental disorders (DSM) 2013 (updated version 2022). However, it can also be a symptom of other disorders.

Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have a strong emotional attachment to their objects which are well in excess of the real value. Hoarding has no particular type in relation to gender, age, ethnicity, socio-economic status, educational /occupational history, or tenure type.

There are five diagnostic criteria for identifying a case of hoarding disorder:
1. persistent, difficult discarding or parting with possessions, regardless of monetary value
2. this difficulty is due to a perceived need to save items, and distress associated with discarding them
3. the difficulty discarding possessions results in their accumulation which congests and clutters active living areas
4. the hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
5. the hoarding is not attributable to another medical condition or mental disorder

Anything can be hoarded, in areas including the person's property, garden or communal spaces. There are three main types of hoarding: inanimate, animal and data.

Inanimate items are the most common to be hoarded, can consist of one type of object or a mixture, and can include:
• clothes
• newspapers, magazines, books
• bills, receipts, letters
• food and food containers
• medical equipment
• collectibles such as toys or figures
• antiques
• human excrement

Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimum standards of care. The person may be unable to recognise that the animals are or may be at risk because they feel they are saving them. Often the person is unable to take care of themselves. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects. Where there is evidence of animal hoarding at any level and/or potential neglect of animals this should be reported to the RSPCA.

Data hoarding is a new phenomenon of hoarding. There is little research in this area, and it may not seem as significant as the other types. But people who hoard data could still present with the same issues that are symptomatic of hoarding disorder. It might present with the storage of data collection equipment, electronic storage devices, or paper. A need to store copies of emails and other information in electronic format.

There are a number of hoarding characteristics:
• Fear and anxiety – compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel; it effectively becomes their comfort blanket. Any attempt to discard hoarded items can create feelings varying from mild anxiety to a full panic attack with sweats and palpitations
• Long term behaviour pattern – possibly developed over many years, or decades of 'buy and drop,' collecting and saving, with an inability to throw items away without fear and anxiety

• Excessive attachment to possessions – people who hoard may hold a disproportionate emotional attachment to items
• Indecisiveness – they may struggle with the decision to discard items that are no longer necessary, including rubbish
• Unrelenting standards – they may find fault with others or require others to perform to excellence while struggling to organise themselves and complete daily living tasks
• Social isolation – people who hoard will typically alienate family and friends, and may be embarrassed to have visitors; they may refuse home visits from professionals, in favour of office-based appointments
• Large number of pets – this can be a source of complaints from neighbours; the person may be a self-confessed 'rescuer' of strays or seek comfort in keeping large numbers of animals • Mentally competent – people who hoard are typically able to make decisions that are not related to hoarding
• Extreme clutter – hoarding behaviour may present in several or all the rooms in a person's property and prevent the room(s) being used for its intended purpose
• Churning – it can involve moving items from one part of the property to another, without actually discarding anything
• Self-care – a person who hoards may appear unkempt and dishevelled, perhaps because of a lack of (or limited physical access to) toileting or washing facilities in their home. However, some people who hoard will use public facilities to maintain their personal hygiene and appearance
• Poor insight – a person who hoards may see nothing wrong with their behaviour and impact it has on them and others.

MENTAL CAPACITY - (as per NSAB Self-Neglect and Hoarding Strategy May 2025)

When concerns about self-neglect are raised, we must be clear about the person's mental capacity in relation to any key decisions and risks e.g. a proposed intervention.

If there any doubts about the person's mental capacity, especially where judgements may be made about their ability to 'choose' their living conditions or refuse support, then (wherever possible) a mental capacity assessment should be undertaken.

The Mental Capacity Act (MCA) (2005) provides a legal framework to protect people who lack the capacity to make decisions for themselves.

The MCA has five key principles:
• Start by "presuming capacity" – do not assume that a condition or disability impacts a person's ability to make a decision, it should be the opposite – most people can make some decisions
• We must make every effort to help and support the person to make the decision - think about the information they need to have, the way that information is presented or talked through
• Remember that adults have the right to make decisions that may be seen by others as unwise – you may not agree with their decision, but this does not make it the wrong one for them

• If someone else has to make a decision on behalf of an adult assessed as lacking capacity, their best interests must be considered (more on what best interests means below)
• Any decision made must be the least restrictive option, with as little impact as possible on the person's rights and freedoms.

Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers.

The MCA Code of Practice states that one of the reasons why people may question a person's capacity to make a specific decision is where 'the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision' (4.35 MCA Code of Practice, p52).

In extreme cases of self-neglect and/or hoarding behaviour, where there is a serious health and safety risk, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity.

Any capacity assessment relating to self-neglect and/or hoarding behaviour must be time and decision specific, relating to a clearly defined action or intervention.

The person who is proposing the action / intervention is the 'decision-maker' and so they are the one who will need to carry out the mental capacity act assessment.

Although they may need support from other professionals in a multi-agency group, they are responsible for making the final decision about that person's capacity in relation to that decision.

There may be circumstances in which it is useful to involve others in capacity assessments. For example, occupational therapists where the decision is around managing tasks within the home environment or speech and language therapists where the person has communication difficulties.

NSAB expects a strong emphasis by all practitioners on the importance of inter-agency communication, collaboration, and the sharing of risk. This is essential in situations where the adult is assessed to have the capacity to make decisions which includes refusing interventions and high risk to the person cannot be mitigated.

While the autonomy of that adult should be respected, including their right to make what others might consider to be an "unwise decision," this does not mean that no further action regarding the self-neglect is required. Every effort should be made to build and maintain supportive relationships through which services can in time be negotiated.

Capacity is a complex concept. It is good practice to consider / assess whether the person has the ability to act on / carry out a decision they have made. This is known as executive functioning. Can the person actually do the thing they say they will? Do they need support to carry out the action (this does not mean they lack capacity, but they do need help to follow something through).

If the person is assessed to lack capacity in relation to a particular action or intervention, then a best interests meeting should be held, and the decision-maker must consider what the decision should be using the best interest's checklist as a guide (this is not exhaustive):

• Find out the person's own views

• Identify all the things they would take into account themselves

• Encourage them to be part of the process • Consult other people, professionals, family, friends, and anyone who takes an interest

• Might they regain capacity? If so, can the decision wait?

• Avoid restricting the person's rights

• Does an Independent Mental Capacity Advocate (IMCA) need to be involved? (mentalcapacitytoolkit.co.uk/4/the-best-interests-checklist)

In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (COP) to make the best interests decision.

MAKING SAFEGUARDING PERSONAL (MSP) - (as per NSAB Self-Neglect and Hoarding Strategy May 2025)

The MSP programme started in 2010 and then became embedded in the principles of the Care Act 2014.
Care Act guidance requires adult safeguarding practice to:
• Be person led
• Be outcome focused
• Enhance choice and control
• Improve quality of life, wellbeing, and safety
• Aim towards resolution or recovery

MSP puts people more in control of their own safeguarding and generates a more person-centred set of outcomes. The key focus is to develop a real understanding of what the person wishes to achieve, recording their desired outcomes and seeing how well these have been met.

It gives workers permission to spend time with people, asking them what they want by way of outcomes at the beginning and throughout the safeguarding process.

Although it is likely that only the highest risk self-neglect cases will need a safeguarding adults enquiry, the principles of person-centred practice and MSP can and should be applied in single and multi-agency approaches.

Understanding what is important to the person is likely to be the key to meaningful change. This may be quite different to risks identified by workers.

The Adult	The Worker
I'm worried about my cat not being able to get out of the house	I'm worried that you might get trapped in your house
I'm worried you'll take all my things away	I'm worried you will be evicted and lose your house
I'm worried that you will take all my animals from me	I'm worried about the hygiene of your home and that you will get ill

Outcomes that people may wish to achieve in relation to self-neglect and hoarding might include:
• To be involved in what happens
• For people involved in their case to do what they say they will
• To be able to use more of their home
• To feel safer in their home
• To feel more confident
• To be able to look after their pets better
• To be able to see their friends and family more

The person's desired outcome may not always be achievable (for example if their environment is impacting on others or agencies have a duty to take legal action). In these circumstances, the person's view should still be recorded, but practitioners need to talk to them about why their desired outcome may not be achievable.

Where there is high enough risk that the safeguarding adults process is being progressed, independent advocacy must be considered in certain circumstances. This is usually when working with adults who lack capacity or have substantial difficulty being involved in the s42 enquiry, who do not have an 'appropriate individual' to support them. An independent advocate will then support them to be able to express their views.

4. RELATED DOCUMENTS

RELEVANT KEY LEGISLATION AND RELATED DOCUMENTS: (not limited to)	
Legislation	**Documents**
Equality Act 2010 Housing Act 1996 Human Rights Act 1998 Care Act 2014 Mental Capacity Act 2005 Data Protection Act 1998 (UK GDPR)	Anti- Social Behaviour Policy Allocations Policy Speaking Out Policy Recruitment Policy & Procedure Professional Boundaries Policy Equality, Diversity, and Inclusion Policy Complaints Policy Repairs Policy Tenancy Agreement No Secrets – Dept of Health 2000 NSAB – Norfolk Multi Agency Safeguarding Adults Policy Self-Neglect and Hoarding Checklist NSAB – Self-Neglect and Hoarding Strategy May 2025 NSAB – Practitioner Guide

	NSAB – Mental Capacity and Safeguarding Hoarding Disorders UK – clutter Image Ratings Making Safeguarding Personal

5. OBJECTIVES

The objectives of self-neglect and hoarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- respond sensitively and in a consistent manner to all reported incidents of abuse and neglect, in accordance with this policy.
- safeguard adults in a way that supports them in making choices and having control about how they want to live to achieve the outcomes they want.
- promote an approach that concentrates on improving the quality of life for the adults concerned.
- To enable a person to live safely within their home.
- The aim is to prevent serious injury or even death of adults who appear to be self-neglecting and / or hoarding by:
  - Following the principles of Making Safeguarding Personal (MSP) in all interventions, even where safeguarding adults duties do not apply
  - Empowering adults as far as possible to understand the consequences of their actions on themselves and others
  - Making proportionate responses to the identified level of risk to self and / or others
  - Having a shared understanding of the issue across all partners and their staff, enabling multi-agency working to be proactive and effective
  - All partners upholding their duties of care. It is also essential to consider the needs of any children either living in or visiting the environment.

6. REVIEW

This procedure will be subject to ongoing review in the light of experience, changes in legislation and Broadland policy and meeting the needs of our stakeholders.